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CERTIFICATION OF STANDALONE DENTAL AND VISION PLANS

No.	Standard and Citation	Description	Include in Standalone Pediatric Dental Certification?	Include in Standalone Adult Dental Certification?	Include in Standalone Adult Vision Certification?
1.	General Requirement 156.200(a)	In order to participate with an Exchange, an Issuer must have in effect a certification issued by or recognized by the Exchange that each plan it offers is a QHP.	Yes	Yes	Yes
2.	Issuer Requirements 156.200(b)(1)	QHP Issuers must comply with QHP Certification Standards on an ongoing basis with respect to each QHP that is offered.	Yes, to the extent relevant	Yes, to the extent relevant	Yes, to the extent relevant
3.	156.200(b)(2)	In general, QHP Issuers must be in compliance with all applicable Exchange processes, procedures and requirements.	Yes	Yes	Yes
4.	156.200(b)(3); 156.20(1)	QHP Issuers must offer QHPs which cover all essential health benefits.	No – must cover all services required for the pediatric dental EHB.	No	No

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5.	156.200(b)(3); 156.20(2)	QHP Issuers must offer QHPs which comply with the cost sharing limitations on deductibles and out-of-pocket maximums.	Yes - A stand-alone dental plan covering the pediatric Dental EHB must demonstrate that it has a reasonable annual limitation on cost-sharing as determined by the Exchange. An out-of-pocket maximum will be determined by DOI and the Exchange Director.	No- Out of pocket maximums should not apply to adult dental products.	No – Out of Pocket maximums should not apply to adult vision products.
6.	156.200(b)(3); 156.20(3)	QHP Issuers must offer QHPs which are offered at either the bronze, silver, platinum, or gold level of coverage.	No – Dental Plans must be offered at either a 70% (low) or 85% (high) actuarial value.	No	No
7.	156.200(b)(4)	QHP Issuers must be licensed and in good standing to offer health insurance in each State where the Issuer is doing business	Yes	Yes	Yes

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8.	156.200(b)(5)	QHP Issuers must implement quality improvement strategies, disclose and report on health outcomes, and implement enrollee satisfaction surveys as required under the ACA and described under forthcoming federal regulations.	Yes	Yes	Yes
9.	156.200(b)(6)	QHP Issuers must pay applicable user fees for the exchange.	Yes – proportional to the medical plan rates (see Adopted fees for CY 2014)	Yes – proportional to the medical plan rates (see Adopted fees for CY 2014)	Yes – proportional to the medical plan rates (Fees TBD)
10.	156.200(b)(7)	QHP Issuers must comply with risk adjustment, reinsurance and risk corridors as set forth under federal regulation.	No	No	No

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11.	Offering Requirements 156.200(c)(1)	A QHP Issuer must offer through the Exchange at least one QHP in the silver and gold metal tiers	No – Federal rules require standalone dental plans meet either a 70% (low) or 85% (high) actuarial value, with a de minimis range of +/- 2%. There is no requirement to offer dental plans at both actuarial values.	No	No
12.	156.200(c)(2)	A QHP Issuer must offer a child-only plan at the same metal tier as any QHPs offered to cover an adult population.	Yes, but using "low" and "high" versus metal tiers	No	No
13.	Applicable State Requirements 156.200(d)	QHP Issuers must adhere to any additional requirements established by an Exchange or State Agency as conditions for participation or certification of QHPs.	Yes	Yes	Yes
14.	Non-discrimination 156.200(e)	QHP Issuers must not discriminate, with respect to its QHPs, on the basis of race, color, national origin, disability, age, sex, gender identity, or sexual orientation.	Yes	Yes	Yes

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15.	Rate and Benefit Information 156.210(a)	QHP issuer must set rates for an entire benefit year, or for the SHOP, plan year.	Yes	Yes	Yes
16.	156.210(b)	A QHP Issuer must submit rate and benefit information to the Exchange.	Yes	Yes	Yes
17.	156.210(c)	Justifications for rate increases must be submitted to the Exchange prior to the implementation of the increase and must be posted on the QHP Issuer's website.	Yes, to the extent relevant	Yes, to the extent relevant	Yes, to the extent relevant
18.	Transparency in Coverage 156.220(a)(b)(c)	A QHP Issuer must provide the following information in plain language to the Exchange, HHS, and the State insurance commissioner, as well as make the information available to the public: 1) claims payment policies and practices; 2) periodic financial disclosures; 3) enrollment data; 4) disenrollment data; 5) data on denied claims; 6) rating practices; 7) out of network cost-sharing and payment information; and 8) information on the applicable ACA consumer protections and market reforms.	Yes, as appropriate	Yes, as appropriate	Yes, as appropriate

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19.	Transparency of Cost-Sharing Information 156.220(d)	Upon request, a QHP Issuer must make available to an enrollee their cost sharing with respect to the furnishing of a specific service by a participating provider. This disclosure must be made, at a minimum, through a carrier's website and through non-electronic means for individuals without access to the internet.	Yes	Yes	Yes
20.	Marketing and Benefit Design 156.225	A QHP Issuer must comply with any applicable State laws and regulations regarding marketing and not employ marketing practices that discourage the enrollment of individuals with significant health needs in QHP's.	Yes	Yes	Yes
21.	Network Adequacy 156.230(a)	A QHP Issuer must ensure that the provider network of each of its QHP's meets the following standards: 1) includes essential community providers; 2) complies with any network adequacy standards established by the Exchange; and 3) is consistent with the network adequacy provisions of PHSA 2702(c).	Yes, as appropriate and as essential community providers are available	Yes, as appropriate and as essential community providers are available	Yes, as appropriate and as essential community providers are available

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22.	156.230(b)	A QHP Issuer must make a provider directory for a QHP available to the Exchange in online form and to enrollees in hard copy upon request. The directory must identify providers that are not accepting new patients.	Yes	Yes	Yes
23.	Essential Community Providers 156.235	A QHP issuer must have a sufficient number of essential community providers that serve predominantly low-income, medically-underserved individuals in a QHP's service area.	Yes, as Essential Community Providers and data are available	Yes, as Essential Community Providers and data are available	Yes, as Essential Community Providers and data are available
24.	Primary Care Medical Homes 156.245	A QHP Issuer may provide coverage through a direct primary care medical home so long as the QHP meets all applicable requirements and the services covered by the direct primary care medical home are coordinated with the QHP Issuer.	No	No	No
25.	Applications and Notices 156.250	QHP Issuers must provide all applications and notices to enrollees in plain language and in a manner that provides for disabled and LEP access.	Yes	Yes	Yes

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26.	Rating Variations 156.255	A QHP Issuer must charge the same premium rate without regard to whether the plan is offered through an Exchange, an agent, or direct. A rate may vary by rating areas as set forth under PHSA 2701(a)(2).	Yes	Yes	Yes
27.	Enrollment Periods 156.260	A QHP Issuer must enroll a qualified individual during the initial and annual open enrollment periods, make available special enrollment periods and abide by the effective dates of coverage established by the Exchange. Issuers must supply enrollees with notices of effective date.	Yes	Yes	Yes
28.	Enrollment Process 156.265(b)	A QHP Issuer must enroll a qualified individual only if the Exchange notifies the Issuer that the Individual is a qualified individual and transmits enrollment information to the Issuer. If an individual approaches a QHP Issuer directly for enrollment through the Exchange, the Issuer must direct the individual to the Exchange and ensure that they receive an eligibility determination from the Exchange.	Yes	Yes	Yes

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29.	156.265(c),(e)-(g)	Enrollment data: QHP Issuers must accept enrollment information in a HIPAA compliant electronic format, acknowledge receipt of enrollment information, and reconcile enrollment data with the Exchange on a monthly basis. A QHP Issuer must supply a new enrollee with an enrollment package that meets Exchange readability and accessibility requirements.	Yes	Yes	Yes
30.	156.265(d)	Premium Payment: A QHP Issuer must comply with Exchange procedures for payment of premium.	Yes	Yes	Yes
31.	Termination of Coverage 156.270	QHP Issuers may only terminate coverage as permitted by the Exchange. QHP Issuers must follow Exchange rules for notification of termination and requirements regarding termination for non-payment of premium and availability of a payment grace period.	Yes	Yes	Yes

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32.	Accreditation 156.275	A QHP Issuer must be accredited on the basis of local performance of its QHPs in the following categories: 1) clinical quality measures; 2) patient experience ratings on a CAHPS survey; 3) consumer access; 4) utilization management; 5) quality assurance; 6) provider credentialing; 7) complaints and appeals; 8) network adequacy and access; and 9) patient information programs. A QHP Issuer must maintain its accreditation for as long as the Issuer offers QHPs.	No for 2014, institutional accreditation does not exist for dental plans. In the 4th quarter of 2013, staff will provide the Board with a recommendation regarding standards for each of the nine items listed to be effective in 2015.	No for 2014, institutional accreditation does not exist for dental plans. In the 4th quarter of 2013, staff will provide the Board with a recommendation regarding standards for each of the nine items listed to be effective in 2015.	No for 2014, institutional accreditation does not exist for dental plans. In the 4th quarter of 2013, staff will provide the Board with a recommendation regarding standards for each of the nine items listed to be effective in 2015.
33.	Abortion Services 156.280	A QHP Issuer must comply with State laws that prohibit abortion coverage in QHPs. QHP Issuers which provide abortion coverage must comply with requirements on use of, allocation of, and segregation of federal funds for certain abortion services.	No	No	No

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34.	Standards for SHOP Issuers 156.285	SHOP Issuers must 1) accept aggregated payments from SHOP; 2) set rates by the plan year and all Issuers must make rate adjustments on a set schedule (monthly, quarterly, or annually); 3) enroll employees during open enrollment and special enrollments; 4) accept new employees hired outside of open enrollment; 5) enroll employees pursuant to exchange timelines and effective dates and provide new enrollee packets; 6) reconcile files with SHOP monthly; 7) adhere to termination rules; 8) adhere to any group participation requirements set by the Exchange.	Yes	Yes	Yes

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35.	Non-renewal and Decertification of QHPs 156.290(a)&(b)	If a QHP Issuer elects to not seek recertification, the Issuer must 1) notify the Exchange prior to the beginning of the recertification process; 2) cover benefits for each enrollee through the end of the plan year; 3) fulfill all data obligations from the last plan year; 4) provide written notice to enrollees; and 5) terminate enrollees in the QHP in compliance with the Exchange's termination notification process.	Yes – Dental plans must notify the Exchange in the same manner that the Commissioner of Insurance is noticed pursuant to NRS 689A.630.	Yes	Yes
36.	156.290(c)	If a QHP is decertified by an Exchange, the Issuer must terminate coverage for enrollees only after the Exchange has notified enrollees of the decertification and the affected enrollees have an opportunity to elect new coverage.	Yes	Yes	Yes
37.	Prescription Drugs 156.295	A QHP Issuer must report to HHS information on its prescription drug program.	No	No	No

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38.	Certification Standards 155.1000	Exchanges may certify a health plan as a QHP if the Issuer provides evidence that it complies with the QHP Minimum Certification Standards (set forth above) and if the Exchange determines that making the plan available is in the interest of the public.	Yes	Yes	Yes
39.	Service Area of a QHP 155.1055	The service area of a QHP must cover a geographic area that is at least the entire geographic area of a county, or a group of counties as defined by the Exchange, unless the Exchange determines that a smaller service area is necessary, non-discriminatory, and in the interest of the public. The service area of a QHP must be established without regard to racial, ethnic, language or health status factors, or any other factor to exclude high utilizing, high cost, or medically underserved populations.	Yes	Yes	Yes

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40.	Stand-Alone Dental Plans 155.1065	Standalone dental plans must 1) meet the definition of a limited scope dental plan under section 9832(c)(2)(A) of the Code and 2791(c)(2)(A) of the PHS Act; 2) cover at least the pediatric essential benefits without any annual or lifetime dollar limit on those specific benefits; and 3) must meet QHP certification standards if the requirements can be met by a dental-only plan.	Yes	No	No